

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/580035**

FILING DATE

**05-19-06**

APPLICANT(S)

**S. BIGNON**

**04/03/09**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1					
4		3		1		
5		3		1		
6		3		1		
7		3		1		
8		3		1		
9		3		1		
10		3		1		
11		3		2		
12		3		1		
13		3		1		
14		3		1		
15		3		1		
16	1			1		
17		3		1		
18		3		1		
19		3		1		
20		3		1		
21		3		1		
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49						
50						
TOTAL IND.	3	↓	2	↓		↓
TOTAL DEP.	33	←	39	←		←
TOTAL CLAIMS	36		41			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						